



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
44 Rosebud		0790 Forsyth Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
76	4	1	97.7	1.15	53	08/17/04	_____	_____
57	4	2	104.8	1.57	72	08/17/04	_____	_____
82	4	3	63.2	1.57	72	08/17/04	_____	_____
76	4	4	121.2	1.57	72	08/17/04	_____	_____
67	4	5	59.8	1.80	84	08/17/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
44 Rosebud		0791 Forsyth H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
24	4	1	97.7	1.15	53	08/17/04	_____	_____
43	4	2	104.8	1.57	72	08/17/04	_____	_____
18	4	3	63.2	1.57	72	08/17/04	_____	_____
24	4	4	121.2	1.57	72	08/17/04	_____	_____
33	4	5	59.8	1.80	84	08/17/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
44 Rosebud		0792 Lame Deer Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
81	6	1	87.4	1.57	72	08/03/04	_____	_____
60	6	2	124.6	1.80	84	08/03/04	_____	_____
50	6	3	90	1.57	78	08/03/04	_____	_____
18	6	4	124.4	1.80	84	08/03/04	_____	_____
100	6	5	10	0.95	24	08/25/04	_____	_____
45	6	6	20	0.95	24	08/25/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:						District Level:	
44 Rosebud	0794 Rosebud Elem						Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
74	12	Cartersville	87.6	1.57	71	08/05/04	_____	_____
92	12	Hathaway	64	0.95	22	08/23/04	_____	_____
60	12	rosebud creek	89.2	0.95	35	08/23/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 44 Rosebud		District: 0795 Rosebud H S					District Level: High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
8	12	Hathaway	64	0.95	22	08/23/04	_____	_____
40	12	rosebud creek	89.2	0.95	35	08/23/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
44 Rosebud		0796 Colstrip Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
76	19	1	63.3	1.36	65	08/18/04	_____	_____
72	19	10	96.4	1.80	84	08/18/04	_____	_____
70	19	4	119.6	0.95	40	08/18/04	_____	_____
79	19	5	22.9	1.80	84	08/18/04	_____	_____
93	19	9	193.4	1.80	84	08/18/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
44 Rosebud		0797 Colstrip H S						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
24	19	1	63.3	1.36	65	08/18/04	_____	_____	
28	19	10	96.4	1.80	84	08/18/04	_____	_____	
100	19	11	72	1.80	84	08/18/04	_____	_____	
5	19	3	22	1.80	84	08/18/04	_____	_____	
30	19	4	119.6	0.95	40	08/18/04	_____	_____	
21	19	5	22.9	1.80	84	08/18/04	_____	_____	
7	19	9	193.4	1.80	84	08/18/04	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County: 44 Rosebud		District: 0800 Ashland Elem					District Level: Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	32J	Otter Creek	82	0.95	30	08/16/04	_____	_____
100	32J	Tongue River	46.2	0.95	41	08/16/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
44 Rosebud		1230 Lame Deer H S						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
19	6	1	87.4	1.57	72	08/03/04	_____	_____	
40	6	2	124.6	1.80	84	08/03/04	_____	_____	
50	6	3	90	1.57	78	08/03/04	_____	_____	
82	6	4	124.4	1.80	84	08/03/04	_____	_____	
55	6	6	20	0.95	24	08/25/04	_____	_____	
100	6	7	31.6	1.57	72	08/03/04	_____	_____	